

FORM B6J  
(6/90)

In re BACKMAN, MARTIN J. & MONICA G.  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE J – CURRENT EXPENDITURES OF INDIVIDUAL DEBTORS

Complete this schedule by estimating the average monthly expenses of the debtor and the debtor's family. Pro rate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

Rent or home mortgage payment (include lot rented for mobile home)	\$	<u>3902.00</u>
Are real estate taxes included? Yes _____ No <u>✓</u>		
Is property insurance included? Yes _____ No <u>✓</u>		
Utilities Electricity and heating fuel	\$	<u>350.00</u>
Water and sewer	\$	<u>125.00</u>
Telephone	\$	<u>150.00</u>
Other <u>Cable TV</u>	\$	<u>50.00</u>
Home Maintenance (Repairs and upkeep)	\$	<u>300.00</u>
Food	\$	<u>1000.00</u>
Clothing	\$	<u>200.00</u>
Laundry and dry cleaning	\$	<u>50.00</u>
Medical and dental expenses	\$	<u>200.00</u>
Transportation (not including car payments)	\$	<u>300.00</u>
Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	<u>200.00</u>
Charitable contributions	\$	<u>0.00</u>
Insurance (not deducted from wages or included in home mortgage payments)	\$	<u>90.00</u>
Homeowner's or renter's	\$	<u>420.00</u>
Life	\$	<u>500.00</u>
Health	\$	<u>220.00</u>
Auto	\$	<u>0.00</u>
Other <u>None</u>	\$	<u>0.00</u>
Taxes (not deducted from wages or included in home mortgage payments)	\$	<u>345.00</u>
(Specify) <u>Real Estate Taxes</u>		
Installment payments (In chapter 12 and 13 cases, do not list payments to be included in the plan)	\$	<u>1777.22</u>
Auto	\$	<u>2500.00</u>
Other <u>Credit Card Pymnts</u>	\$	<u>100.00</u>
Other <u>Prescription Drugs</u>	\$	<u>0.00</u>
Alimony, maintenance and support paid to others	\$	<u>0.00</u>
Payments for support of additional dependents not living at your home	\$	<u>4129.00</u>
Regular expenses from operation of business, profession, or farm (attached detailed statement)	\$	<u>2282.50</u>
Other <u>See Attached Sheet</u>		
<b>TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules)</b>	<b>\$</b>	<b><u>19190.72</u></b>

(FOR CHAPTER 12 AND 13 DEBTORS ONLY)

Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interval.

A. Total projected monthly income	\$	_____
B. Total projected monthly expenses	\$	_____
C. Excess income (A minus B)	\$	_____
D. Total amount to be paid into plan each _____	\$	_____
(interval)		

In Re: BACKMAN, Martin J. & Monica G.

Case Number: \_\_\_\_\_

**ATTACHMENT SCHEDULE J- CURRENT EXPENDITURES  
OF INDIVIDUAL DEBTORS**

**Other Expenses:**

Car Registration:	\$ 75.00
Tuition:	
Brendan	\$ 200.00
Jordan	\$ 220.00
Cell Phone Expenses (Monica)	\$ 60.00
Childcare/Housekeeping	<u>\$ 1,000.00</u>
<b>Subtotal</b>	<b>\$1,555.00</b>

**Rental Property Expenses (Florida Condo)**

Mortgage Payment	\$ 455.00
Real Property Taxes	\$ 60.00
Insurance	\$ 10.00
Home Owners Association	\$ 140.00
Management	<u>\$ 62.50</u>
<b>Subtotal</b>	<b>\$ 727.50</b>

**Total Other Expenses** **\$2,282.50**

**Dr. Backman Business Expenses**

Income taxes (State & Federal)	\$2,600.00
Malpractice Insurance	\$ 650.00
Disability Insurance	\$ 316.00
California License	\$ 50.00
DEA License	\$ 6.00
Office Supplies	\$ 50.00
Continuing Education ( Attendance at Seminars, Periodicals,	\$ 35.00
Reference Materials)	\$ 100.00
Pager (Service & Equipment)	\$ 100.00
Cell Phone	\$ 80.00
Accounting Costs	\$ 50.00
Professional Associations	\$ 30.00
Hospital Dues	\$ 42.00
Computers & Equipment	<u>\$ 20.00</u>
<b>Total Business Expenses</b>	<b>\$ 4129.00</b>